

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047517

FILED DEC 26 1962

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. 218

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10.535

20.535

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lebanon</u>		Length of stay in lb <u>10 days</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wallace Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>243 Harvard</u>	
3. NAME OF DECEASED (Type or print) First <u>Virginia</u> Middle <u>F.</u> Last <u>McKesson</u>		4. DATE OF DEATH Month <u>December</u> Day <u>14</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-16-74</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Nurse Paper Business</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Society Editor</u>	
11. BIRTHPLACE (City and state or country) <u>Lebanon, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>	
13a. FATHER'S NAME <u>Sam Farrar</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Barber</u>	
14. NAME OF HUSBAND OR WIFE <u>J.E. McKesson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>MO</u>		17. INFORMANT <u>Mrs. Florine Broughton - Lebanon, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arricular Fibrillation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Arteriosclerotic Heart Disease undet.</u> <u>Acute Kil. of Heart</u> <u>Pneumonia Rt Lower Lobe. Gastroenteritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11 Days</u> <u>Dead</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20c. TIME OF INJURY Hour <u>12.15A</u> Month, Day, Year <u>Dec 3, 1962</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Lebanon</u>		COUNTY <u>Missouri</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>Dec 3, 1962</u> to <u>Dec 14, 1962</u> and last saw her/him alive on <u>Dec. 13, 1962</u> Death occurred at <u>12.15A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Paul J. [Signature]</u>	
22b. ADDRESS <u>Knight Bldg Lebanon, Mo</u>		22c. DATE SIGNED <u>15 Dec 62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-17-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Lebanon City Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Lebanon Missouri</u>	
24. FUNERAL DIRECTOR <u>Palmer Funeral Home - Lebanon, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12-16-1962</u>	
26. REGISTRAR'S SIGNATURE <u>Allyn Hooten</u>		(Licensed Embalmer's Statement on Reverse Side)	

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Allyn Hooker

Licensed Embalmer No. _____

4333

P. O. Address _____

Lebanon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued - 12-16-1962 W.R.H.